



5 October 2022

Michael Pead
Chief Executive
Pharmacy Council
Level 7
22 The Terrace
Wellington

Dear Michael,

RE: Pharmacist Prescriber Competence Standards

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 2,500 pharmacists, from all sectors of pharmacy practice. We provide pharmacists with professional support and representation, training for continuing professional development, and assistance to enable them to deliver to all New Zealanders the best pharmaceutical practice and professional services in relation to medicines. The Society focuses on the important role pharmacists have in medicines management and in the safe and quality use of medicines.

Thank you for the opportunity to provide a response to the Pharmacist Prescriber Competence Standards Consultation.

The Society recognises and supports the need for a consistent and effective approach to the delivery of this standard under section 118i of the Health Practitioners Competence Assurance Act 203 (HPCAA).

Specific feedback relating to the Pharmacists prescribing scope of practice

The Pharmacy Council gazetted the [Pharmacists Scopes of Practice in 2014](#), pursuant to section 12(1) of the Health Practitioners Competence Assurance Act 2003. This aligned with the [Medicines \(Designated Pharmacist Prescriber\) Regulations 2013](#) and proposed direction from the [Regulatory Impact Statement 2012](#) and Pharmacy Council consultations of 2010.

The Nursing Council of New Zealand are responsible for ensuring their Registered Nurses who are Designated Prescribers are competent and safe to undertake these activities. However, the Nursing Council does not have a separate scope for this workforce. Evidence of prescribing is captured as an annotation on [the Register](#) for all Practising Nurses. This approach is also used by other Regulator Authorities in New Zealand where specific prescribing activities are undertaken (e.g. Medical Council).

The UK General Pharmaceutical Council (GPhC) are responsible for ensuring UK qualified independent prescribers status is appropriate, safe and visible to members of the public. A process is established to [capture independent prescribing qualifications](#) and those with approved prescribing rights are displayed against each pharmacist's name on the GPhC register. They do not have a separate scope.

It is recognised both locally and internationally that prescribing is an activity and tool to help form part of the overall care of the patient. Pharmacists who were undertaking prescribing activities over 10 years ago were the first non-medical prescribers in New Zealand to provide this support to patients. As a result, a separate scope may have been required at the time. However, we are aware that this has now created a perception that prescribing is also a career goal for a specialist few and quite difficult to achieve, rather than a potential tool that can be used by a large part of the workforce to improve patient care.

We would like to recommend that the Pharmacy Council consider incorporating the pharmacist prescriber scope into the pharmacist's scope of practice. Now is an ideal time to undertake this activity, as the Pharmacy Council are also consulting on the Competence Standards and Guidance for the Pharmacy profession, which closes on 27 October 2022.

Delivering on the above recommendation would align with all other Regulatory Authorities within New Zealand, other international jurisdictions and may assist with the establishment of the proposed joint prescriber regulatory tools. It will also help achieve the overall objectives discussed by the Ministry of Health in their [Regulatory Impact Statement](#) for the establishment of this role in 2012.

We are aware that this will require a potential amendment to the [Section 6\(d\)](#) of the Medicines (Designated Pharmacist Prescribers) Regulations 2013, but it will also then align with [Section 6\(d\)](#) of the Medicines (Designated Prescriber- Registered Nurses) Regulations 2016.

This proposed approach will increase access and recognition of the role and may also assist the Pharmacy Council with any future work required around Section 11A of the Draft Therapeutic Products Bill, if this legislation is tabled by the Government in the House later this year.

Potential provision of a single prescribing competence framework

The Society are supportive of the development of a single prescribing competency framework across all Responsible Authorities, in accordance with the intent of Dr Ashley Bloomfield's letter dated 15 September 2020. It may be beneficial if the Pharmacy Council engaged with regulatory colleagues at the time of the development of any future competences and moving beyond the responsible authority statement being considered with the Medical Council.

Initial and ongoing interprofessional working and the resulting collaboration was the approach taken by the UK in the development of joint prescribing guidance. The Council may wish to pause their current standards document and fully engage with their regulatory colleagues if they wish to develop an integrated model that achieves this purpose. For example, the current proposed standards are very different to those already in use by the Nursing Council of New Zealand for Nurse Prescribers.

Full regulatory collaboration will reduce additional work, consultations, and future costs to the whole sector. This would also align with Director General's commentary and potential future health system.

Specific feedback on the draft competence standards

The current revised Pharmacy Council Prescriber Competence Standards are very long and detailed. We would like to suggest that the Council consider the following adjustments of the headings and respective standards, if they progress, to include:

- Information Gathering
 - Standard 1
- Clinical Decision Making
 - Standards 2 and 4
- Communication/Collaboration
 - Standards 3 and 5
- Mentoring and Review
 - Standard 6
- Quality Assurance
 - Standard 7,8 and 9.

We would like to suggest the following, to reduce potential duplication:

- Combine 1.8 and 2.2
- Review 4.7 for the New Zealand context, potentially re-write and combine with 4.2 if this is required
- Condense and combine 3.1,3.2, 3.4
- Remove 2.7 as it is covered in 2.9
- Remove 2.10 because this is already in the pharmacist competence standards (01.6)
- Remove 8.3 because this is already in the pharmacist competence standards (M1.4).

We would like to suggest the following, to improve flow and understanding of the competence standards:

- Define physical assessment in 1.7
- Move 1.11 to 2
- Move 2.1 to 4
- Move 2.13 to 4
- Insert 1.8 into Section 3.
- Review 4.3 because the first section is already in the pharmacist scope
- Review 4.6 as this is potentially part of the pharmacist scope
- Review 6.3 and if required this may be classed as Quality Assurance and included under 7
- Remove 8.2 as this is a requirement of the Code of Ethics
- Potentially change 8.6 to the following "Explains which conflicts interest (actual or potential) influence prescribing decisions and identifies mitigators to manage them".

Specific feedback on the Pharmacist Prescriber Competence Standards Guidance

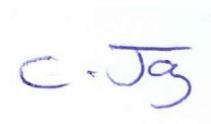
The Society is not sure why this document has been developed. A large amount of the content relates to how a pharmacist should practice and is not specific to pharmacists undertaking prescribing activities, or competence, for example the section on practising in Aotearoa. Large sections of the document are duplicated, especially in reference to working collaboratively and how to undertake the role. This document does not directly relate to the competence standards and is more of a "how to" guide.

The document also reflects some the intent from the Pharmacy Council's 2018 consultations for a potential code of practice, menu of activities and orientation document. These were eventually scrapped and replaced by the [Councils position statement](#) around expectations for pharmacists practising in clinical roles.

We would like to see the proposed guidance document (Draft version 2) removed. If any accompanying narrative is required, we would suggest that it is captured in a similar way to that used in the core [competence standards for the pharmacy profession](#) but ensuring it relates to professional competence and not professional activities.

I hope our feedback is useful and if you have any questions, please do not hesitate to contact us.

Yours sincerely,

A handwritten signature in blue ink that reads "C. Jay". The signature is written in a cursive style with a small dot between the first and last names.

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